



EARLY INTERVENTION SNAPSHOTS

A Bi-monthly information sheet for EI service coordinators

The purpose of this information sheet is to address general topics that may be of interest in the performance of your job as a service coordinator

LET'S TALK ABOUT – “CO- TREATS”

Co-Treats (or Co-Visits as the State refers to them) provide valuable training and enhance service provision for the child, family, and providers. The state has defined specific instances where co-treats are beneficial (these instances are reflected on the IFSP narrative page).

Historically there have been two main concerns regarding co-treats that have impacted us as service coordinators.

- 1). Co-treats that occur without the service coordinator's knowledge. This has been done in the past and continues to be an area that needs to be monitored. This is important because the service coordinator and EIOD are responsible for monitoring the provision of services to ensure that it reflects what was authorized on the Individualized Family Services Plan. Co-treats **MUST** be purposeful and focused on the needs of the child/family. They need to reflect the situations as identified on the IFSP rather than be a response to either scheduling or safety concerns. Providers should be aware that unplanned Co-treats are not appropriate i.e., make up sessions should not be held during another provider's session unless specifically authorized via the IFSP .
- 2). The other area is the frequency of authorized co-treats. The state has very specific language in regards to the frequency of co-treats. “In general, such co-visits, when determined necessary and appropriate, **should not be** authorized on a routine basis (e.g., weekly or biweekly) by the Early Intervention Official/Designee (EIO/D) unless the IFSP meeting participants provide **specific** justification as to why such co-visits should be provided on a more frequent basis ...). When considering the number of co-treats to authorize either through an IFSP meeting/paper review or the change process, the following factors should be taken into account:
 - The flexibility of the therapist's schedule to modify therapy times to allow for the visit
 - The level of communication that exists between team members, i.e., is the co-treat being requested for information that could be obtained via a phone call or other methods among the team.
 - The flexibility of the family's schedule AND the ability of the child to tolerate the demands of a therapy session with two providers
 - WHAT level of involvement is the caretaker demonstrating i.e., if the purpose of the co-treat is for positioning needs of a child during a SLP session, is this something the parent could help facilitate?

EXAMPLE

A child is visually impaired. A co-treat is authorized to allow the TVI to meet with the other team providers to show how to present materials and navigate the environment with the child. The providers will then be able to tailor their sessions to reflect the information obtained through the co-treat session. They also will

References - DOH letter re: guidance and clarification of joint home/community-based visits of 3/31/2006, E-Mail response of 5/09/2006 responding to questions re: guidance document. Monroe County EI program - Co-Treatment/Co-Visits Policy for Service Coordinators and Providers

then be able to demonstrate to the family how they can help meet the child's needs through out the day. IFSP narrative should reflect the specifics i.e., The TVI and Speech therapist will meet for two co-treats in the IFSP period for extended sessions as per reason indicated on IFSP.

BILLING FOR CO-TREATS

- TYPICALLY there are no additional visits authorized for co- treatment sessions, rather the providers are utilizing one of their regularly scheduled sessions. There are three exceptions however: 1) if you wish to have either a provider brought in as a consultant, (2) a provider that is seeing a child less than 1 time a month, or (3) if there is a discrepancy in length of session times between the providers that wish to co-treat i.e, TVI is extended and SLP is providing a basic session. Authorization of additional visits in the above circumstances may be approved by the EIOD.
- The other billing situation is as such – **THIS IS NEW AND IMPLEMENTATION DATE HAS NOT BEEN DETERMINED AS OF THIS POINT** (this was alluded to at the OSC quarterly held in July). IF a CO-TREAT is **SPECIFICALLY** for the purposes of **family training** (i.e., the 3rd block checked on the IFSP Services plan) there **MUST** be a separate line on the input sheet referencing the family training code (T). You would treat a co-treat pretty much as you would a team meeting by deducting the number of co-treats authorized (Only for the family training reason) from the total number of session visits authorized in the IFSP period. A policy change regarding this is pending and will be sent out when ready.

THE CHANGE CORNER – a quick list of recent changes :

(I am sure I left some out !)

- Providers must notify SC & parent at least 5 days prior to planned absences - NYS Regulations 69-4 Changes of 6/3/10 – 69-4.9 (g) (1).
- If an EIOD is unable to attend an annual IFSP meeting, arrangements may be made for her participation via conference call. NYS Reg Changes 69 4.11 (a) (2) (ii) (a)
- (This applies in most part to Initial Service Coordinators) Social security numbers must now be requested from families (they have the option of choosing not to give out that information) - NYS Reg Changes 69-4.11 (5) (i) (a)(b).
- If parent gives approval, the EIOD needs to convene a transition conference among the service coordinator, parent and CPSE chair or designee of the CPSE (NYS REGS Changes 69-4.20 (b) [3] (4) (NEW TRANSITION PLANS HAVE BEEN MODIFIED TO REFLECT PARENT CHOICE IN THIS MATTER)
- Parents need to be informed that they have the opportunity to object (OPT Out) to notification prior to providing notice to the CPSE of their child's potential transmittal. They need to be given at least 30 days to object before notice is sent. The district notification form is being revised to reflect this. – NYS Regs Changes 69-4.20 (b) (1)
- Providers must document start/end time of the sessions and obtain signatures from child's care takers - NYS Reg Changes 69-4.26 (c) . (Whether or not Service Coordinators need to do this is pending clarification from the state)
- Notations of any relevant discussions with parents, providers, or others regarding the child or child's family must be documented by the municipality (NYS Reg Changes 69-4.26 (a) (10)
- Co-treats for the purpose of family training must be reflected on the input sheet. (NYSDOH guidance letter of 3/31/06)
- Until further notice there are no approved AT Contracts with Strong Audiology, Strong Orthotics & Prosthetics, and Greater Rochester Prosthetics and Orthotics. Kirch center evaluations and Audiological evaluations at Strong (as they are through the Kirch contract) are still able to be completed. (county e-mail s of 6/29/10 & 7/16/10)
- Remember to use the new Social Work request for change form
- A copy of the Surrogate Form must be made and included in the Fiscal file. For OSC's please make a copy for the EIOD after obtaining EIOD's signature.
- Providers are required to notify the OSC and/or EIOD of health and safety concerns as outlined per MCEIP Health and Safety Standards (NYSDOH – BEI Health and Safety Guidance document – Revised Feb 2010).
- UPCOMING CHANGES – The process of changing /modifying IFSP Services.

Editor's Note: Any comments, feedback, suggested topics strongly welcomed. You can reach me at CMizerny@monroecounty.gov or phone # 753-5265.

References - DOH letter re: guidance and clarification of joint home/community-based visits of 3/31/2006, E-Mail response of 5/09/2006 responding to questions re: guidance document. Monroe County EI program - Co-Treatment/Co-Visits Policy for Service Coordinators and Providers